

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 9

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 8, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.352

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (9.66)  
b. FFY 2001 \$ (23.70)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 9, p 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same (TN 97-14)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement for family planning clinics by seven percent (7%). Implementation is necessary to avoid a budget deficit in the state Medicaid Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John LaCom

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 24, 2000

16. RETURN TO:

State Of Louisiana  
Department of Health and Hospitals  
1201 Capitol Access Road  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

17. DATE RECEIVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 8, 2000

21. TYPED NAME:

Calvin G. Cline

22. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 9. Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial Care and Services	Clinic Services (Other than Hospitals)
42 CFR	Item 9.	reimbursed as follows:
447.352		

I. Method of Payment

A. Mental Health Clinics, Substance Abuse Clinics, Family Planning Clinics, End Stage Renal Disease Facilities, and Radiation Therapy Centers.

- (1) Payment to public mental health and substance abuse clinics is made for these services on the basis of costs.

Payment to family planning clinics is made at the same prospective fee for service as authorized for Physicians and other provider services covered under the plan. For those services not covered elsewhere in the plan, payment is based on 1987 audited costs determined to be reasonable. Reimbursement for services provided under this section shall be adjusted to reflect any rate increase granted under Physician and other provider services covered under the plan. Those services not covered elsewhere in the plan shall be limited to the average cost granted for other services provided under this section. Family planning clinic services are reimbursed at ninety three percent (93%) of the established fee schedule (published in notice to providers) in effect as of February 7, 2000.

- (2) Payment to private mental health and substance abuse clinics is based on charges not to exceed a reasonable rate set by the State. Public clinic cost data will be used as one of the determinants of forming a basis to establish rates for private clinics. Charge data will also be a factor in rate determination. The reimbursement rate for group counseling/therapy in substance abuse clinics is set at \$10.00 per eligible recipient in the group up to a maximum of six (6) participants.

STATE <u>Louisiana</u>	A
DATE RECD <u>03-31-2000</u>	
DATE APPROV <u>06-06-2001</u>	
DATE EFF <u>02-08-2000</u>	
HCFA 179 <u>LA-00-09</u>	

- (3) Payment to freestanding End Stage Renal Disease (ESRD) facilities and radiation therapy centers are reasonable charges not to exceed Medicare payments.

TN# 00-09 Approval Date 06-06-01 Effective Date 02-08-00  
Supersedes  
TN# 97-14